



Medical PA Criteria Document

Medical Procedure Class:	CT Head or Brain
Date:	June 12, 2007
Updated:	January 1, 2008

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging	
Why was this Issue Selected:	Studies indicate that for certain common presenting signs and symptoms there is a low yield of positive findings for potentially treatable lesions from CT of the Head or Brain	
Procedures subject to Pre-Certification	<ul style="list-style-type: none">• 70450 Computed tomography, head or brain; without contrast material• 70460 Computed tomography, head or brain; with contrast material(s)• 70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	
Setting & Population:	All Medicaid fee-for-service patients	
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input checked="" type="checkbox"/> Appropriate Indications	<input type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
Data Sources:	<input type="checkbox"/> Only administrative databases	<input type="checkbox"/> Databases + Prescriber-supplied

Setting & Population

- Procedure Group for review: CT of Head or Brain
- Clinical Indications: Isolated, Nontraumatic Headaches; others tbd
- Age range: All patients

Approval Criteria

Condition	Submitted ICD-9 Diagnoses	Date Range
Migraine/non-traumatic headache	346-346.9, 784	12 months
History of localized neurologic signs or subjective numbness or tingling	368-368.47, 368.8, 368.9, 782.0, 781-781.99, 784.5, 780.4	12 months
History of lack of Motor Coordination	781-781.99	12 months
Conditions predisposed to intracranial pathology; history of HIV-positivity or cancer, or other populations at high risk (e.g. immunocompromised patients)	042, 191-191.9, 225, 228.02, 237.7, 279.3, 288-288.9, 340, 331.4, 331.5, 341-341.9, 742-742.9, 779.7	12 months
Idiopathic Normal Pressure Hydrocephalus INPH	331.5	12 months

Patients with non-acute headache accompanied with or described as:

- History of cancer
- History of localized neurologic signs or subjective numbness or tingling
- Rapidly increasing frequency of headache
- History of lack of motor coordination
- History of headache causing sleep disruption
- Sudden severe (“thunderclap”) or headache radiating to the neck
- Temporal headaches in individuals aged 55 and older
- Conditions predisposed to intracranial pathology: history of HIV-positivity, or other populations at high risk, e.g. immunocompromised patients

Denial Criteria

Patients with isolated, non-acute headache without any of the above and who:

- Normal neurologic examination
- Have had a CT or MRI of the Head or Brain in the last 60 days

References

1. Health Care Guideline: Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement, January 2007; 8th Edition: -72.
2. Choksi V. Imaging of Acute Stroke. Applied Radiology 2005; 34: 1-19.

3. Cortelli P, Cevoli S, Nonino F, et. al. Evidence-Based Diagnosis of Nontraumatic Headache in the Emergency Department: A Consensus Statement on Four Clinical Scenarios. *Headache* 2004; 44: 587-595.
4. Edlow JA, Caplan LR. Avoiding Pitfalls in the Diagnosis of Subarachnoid Hemorrhage. *New England Journal of Medicine* 2000; 342: 29-36.
5. Grayson S, Neher JO. When is Neuroimaging Warranted for Headache? *Journal of Family Practice*; 2005; 54: 1-4.